

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037973

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9881

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Filed OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis,

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, COUNTY

c. CITY
OR
TOWN St. Louis,

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Firmin Desloge Hospital,

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
4616 Alaska Ave.,

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Joseph

Middle
F.

Last
Rieth

4. DATE
OF
DEATH

Month Day Year
October 3, 1963

5. SEX

Male.

6. COLOR OR RACE

White,

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/4/1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Postal Employee

10b. KIND OF BUSINESS OR INDUSTRY

Retired 8 Years

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri,

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Rieth

13b. MOTHER'S MAIDEN NAME

Catherine Vogel

14. NAME OF HUSBAND OR WIFE

Katherine B. Rieth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Katherine B. Rieth, 4616 Alaska Ave.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of The Prostate

INTERVAL BETWEEN
ONSET AND DEATH

6 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

177x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour s.m. Month, Day, Year
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

April 1 1956 to Death
4:45 P.M.

and last saw her alive on 10/3/63

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4161 Lindeel Blvd

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial,

23b. DATE

10/7/63

23c. NAME OF CEMETERY OR CREMATORY

SS. Peter & Paul Cemetery,

23d. LOCATION (City, town, or county)

St. Louis, Missouri,

(State)

24. FUNERAL DIRECTOR

Gebken-Benz Mortuary,

ADDRESS

2842 Meramec St.,
St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.